



Mississippi Real Estate Commission

2506 Lakeland Drive, Suite 300

Flowood, MS 39232

OR

Post Office Box 12685

Jackson, MS 39236-2685

(601) 932-6770 – Phone * (601) 932-2990 – Fax

www.mrec.ms.gov

FEE: \$75.00

APPLICATION FOR COMPANY OR TRADE NAME BROKER'S LICENSE

Unless all questions are fully answered, application will be returned for correction. (Type or Print)

1. Name of Company or Trade Name _____

2. Business Address _____

<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Telephone</i>
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3. Give the name, address and license number of each associate co-owner. Section 73-35-6 of the Mississippi Code of 1972 as amended, states that all co-owners in a company that actively engage in the real estate business must hold a broker's license.

<i>Name</i>	<i>Address</i>	<i>License Number</i>
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<i>Name</i>	<i>Address</i>	<i>License Number</i>
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<i>Name</i>	<i>Address</i>	<i>License Number</i>
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<i>Name</i>	<i>Address</i>	<i>License Number</i>
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4. Has the Association ever been denied a real estate broker's license in Mississippi or elsewhere? _____

5. Has the Association ever been a defendant in a civil or criminal court proceeding? YES _____ NO _____
If Yes, explain: _____

AFFIDAVIT
(Read Carefully)

The undersigned, being the Responsible Broker of _____
a Mississippi company, acting for and on behalf of the company with authority to do so, in making this application to the Mississippi Real Estate Commission for license to carry on the business of real estate broker under the provisions of Chapter 73-35 of the Mississippi Code of 1972 annotated, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, the Rules and Regulations issued by the Commission, and agrees to comply fully with them. The undersigned further swears (or affirms) that all of the information given in this application is true and correct to the best of his or her knowledge and belief.

Name of Company _____

Signature of Responsible Broker _____

Subscribed and sworn to before me, this the _____ date of _____, 20 _____.

My Commission Expires _____

Notary Public

County

State